

Liability Waiver Form

Insurance Information

Insurance Carrier: _____ Policy Number: _____

Policy Holder Name: _____ Group Number: _____

Liability Waiver

In Signing this waiver of liability, I release the Mandan Marlins Swim Club the host institution, and all other involved parties from any claims or responsibility for injuries suffered in Mandan Marlins Swim Club events. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others and assume FULL responsibility for my child's participation in the Mandan Marlins Swim Club. I certify that my child is in good physical condition and can participate in swim practices and swim meets. Further, I authorize the coaches to request medical treatment as necessary to insure my child's well-being.

Parent Signature: _____

Print Name: _____

Date: _____